

KENTUCKY TRANSPORTATION CABINET Division of Motor Vehicle Licensing P.O. Box 2014 Frankfort, KY 40622

REQUEST FOR MOTOR VEHICLE OR BOAT RECORD THAT INCLUDES PERSONAL INFORMATION Driver's Privacy Protection Act of 1994 Section 2721.

I, on behalf of		pehalf of	hereby request the following:	
☐ Title History	Current Owner	Other (Specify)		
VIN OR HIN Numbe	er:	Title	License Plate	
The requested reco	ords are to be used for:			
records shall b	e used in accordance wit ed is required with this co	h KRS 61.874 (4)(b)]	ing the commercial purpose for which the Non-Commercial Purpose. A fee of \$3.00 per nake your check or money order payable to	
Please place initial	s beside box you checke	d.		
only: (a) to very employees, obtain the co	verify the accuracy of person or contractors; and (b) if su	onal information submitted uch information as so subr for the purpose of preven	ness or its agents, employees, or contractors, but by the individual to the business or its agents, mitted is not correct or is no longer correct, to ting fraud by pursuing legal remedies against, or	
			bitral proceeding in any federal, state, local court order of a federal, state, or local court.	
	esearch activities, and for u e-disclosed, or used to con		reports, so long as the personal information is no	
			a self-insured entity, or its agents, employees, or ifraud activities, rating, or underwriting.	
For use by federal law.	any licensed investigative	agency or licensed secu	rity service for any purpose permitted under this	
	any requester, if the request information pertains.	ster demonstrates he/she	has obtained the written consent of the individua	
obtain or disclose 2721 (b) of the Act	personal information from the control of the contro	om a motor vehicle rec e of information is perm	994, it is unlawful for any person knowingly to ord, for any use not permitted under section hissible for the reason checked above and will y for any violations of this Act.	
Printed name of Person Making Request Address		Signature	e Date	
		STATE OF	:	
		County of _		
City	State Zip Code			
Telephone number		Signed and	sworn before me this day of 20	
		Notary Pub	lic	
		Mv Commis	ssion expires:	